U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2428	2. Fiscal Year Covered From: 1 / 1 /2004 Through: 12 /31 /2004	
Name and address of person filing. Name DAUTO W. MULAAY	4. Name, file number, and address of labor organization. Name BRICKLAVERS AND ALLIED CRAFTWORKERS LOCAL Y Labor Organization File Number \$26-781 P.O. Box, Building and Room Number, if any Street LOYI N. BROKDWAY City ANDREACH	
P.O. Box, Bldg., Room No., if any Street (Lo M. EAST ST. City INDIANAPOLIS		
State INDIANA ZIP Code + 4 46202	State INDIANA ZIP Code + 4 4612	
i. Position in labor organization.		

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	n, or derived income or other economic benefit of ization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
City	
State ZIP Code + 4	

Signature

 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Riva W. Murray

On July 5, 1005 (317) 631-3600
Telephone Numb

Telephone Number

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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1. File Number U - 2428

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1110

	1/ 1/doc4 Through: 12/31/2004	
3. Name and address of person filing. Name DAUTO W. MUMAY	4. Name, file number, and address of labor organization. Name Brucklavers and Azuer Craftworkers Local 4 Labor Organization File Number 526-781	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street (20 M. EAST ST.	Street 2041 N. BRODWAY	
City INDI ANAPOLIS	City Automical	
State INDIANA ZIP Code + 4 46202	State INDIANA ZIP Code + 4 46012	
5. Position in labor organization. On GADIZEN		
	ouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organization.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	

Signature

ZIP Code + 4

7.b. Amount.

submitted in this report (including the information contained in any accompany)	gnature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information ted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the signed's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Wind W. Murcy	on July 5,2005	(317) 631-3600

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	12.b. Amount.

3.a. Name and address of Employer or I (including trade name, if any).	abor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	14.b. Amount of payment.	

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Maid W. Munoy July 5, 2005 Signature Date